Chart A: Table 1

Out-of-State Acute Hospital Rates

i. INPATIENT - Effective 10/01/2026

Here are the out-of-state acute inpatient hospital rates/rate components for the Out-of-State APAD, Outlier Payment and Transfer Per Diem rates, as well as the Psychiatric Per Diem rate, effective for RY27. See Part I.1 for descriptions of the calculations of the out-of-state acute hospital inpatient payment methods. Payment for LARC Devices will be in accordance with the fee schedule rates for such devices at 101 CMR 317.00 (Medicine), and payment for APAD Carve-Out Drugs will be in accordance with the in-state acute hospital payment method for such drugs. **Components of Out-of-State APAD, Outlier Payment, & Transfer Per Diem Rates (applicable to admissions in Rate Year 2027)**									**Other (for dates of service in RY27)**
	1. In-state Statewide Operating Standard Per Discharge	2. In-state Statewide Capital Standard Per Discharge	Sum of Columns 1 and 2	MassHealth DRG Weight	In-State Marginal Cost Factor	Cost-to-Charge Ratio	In-State Fixed Outlier Threshold	Mean In-State All-Payer Length of Stay	Out-of-State Psych Per Diem
High MassHealth Volume Hospitals:									
Rhode Island Hospital	$11,423.66	$792.37	$12,216.03	See Chart C*	60%	35.87%	$42,430.00	See Chart C*	$954.59
Women & Infants Hospital (RI)	$11,423.66	$792.37	$12,216.03	See Chart C*	60%	40.76%	$42,430.00	See Chart C*	$954.59
All Other Out-of-State Acute Hospitals:**	$11,423.66	$792.37	$12,216.03	See Chart C*	60%	50.61%	$42,430.00	See Chart C*	$954.59

***See Chart C for the RY27 MassHealth DRG Weights and Mean All-Payer Lengths of Stay**

** For medical services payable by MassHealth that MassHealth determines are not available in-state, out-of-state acute hospitals that are not High MassHealth Volume Hospitals will be paid as described in Section 3 of Part I of this notice.

Chart A: Table 2

Out-of-State Acute Hospital Rates

ii. OUTPATIENT - Effective 10/01/2026

Out-of-State Acute Hospitals will be paid an Out-of-State APEC for APEC-covered					
	In-state APEC Outpatient Statewide Standard	MassHealth EAPG Weight	In-State Marginal Cost Factor	Cost-to-Charge Ratio	In-State Fixed Outpatient Outlier Threshold
High MassHealth Volume Hospitals:					
Rhode Island Hospital	$645.96	See Chart D*	60%	23.87%	$4,460.00
Women & Infants Hospital (RI)	$645.96	See Chart D*	60%	38.06%	$4,460.00
All Other Out-of-State Acute Hospitals:**	$645.96	See Chart D*	60%	37.88%	$4,460.00

***See Chart D for the RY27 MassHealth EAPG Weights**

Note: The 3M EAPG grouper's discounting, consolidation, and packaging logic is applied to each of the episode's claim detail MassHealth EAPG Weights to produce the claim detail line's Adjusted EAPG Weight that is used in the APEC calculation.

** For medical services payable by MassHealth that MassHealth determines are not available in-state, out-of-state acute hospitals that are not High MassHealth Volume Hospitals will be paid as described in Section 3 of Part I of this notice